



A case of Diabetic bullae treated with Homeopathic Medicine Arsenicum Album

Dr. Priya.P. Singh¹, Dr Kanchan. R. Tayade²

Professor¹, Department of Homoeopathic Materia Medica, Dr. D.Y. Patil Homoeopathic Medical College & R.C., Dr. D.Y. Patil Vidyapeeth, Pune, Maharashtra, India.

Associate Professor and HOD², Department of Pathology,, Dr. D.Y. Patil Homoeopathic Medical College & R.C., Dr. D.Y. Patil Vidyapeeth, Pune, Maharashtra, India.

Email - priya.ayre@dpu.edu.in , kanchan.nitnaware@dpu.edu.in

Abstract: The metabolic disease diabetes has an impact on the entire world. Patients with diabetes who have inadequate glucose control may develop into diabetic bullae. A rapid non-inflammatory blister will emerge on the skin as a result of this ailment.

Acanthosis nigricans, diabetic dermatopathy, and ulcer development are skin conditions that are more common in people with uncontrolled diabetes and are brought on by poor circulation, pressure, trauma, and high sugar levels. In order to prevent this complication, multidisciplinary therapy is required since it raises the risk of gangrene, which can result in amputation and permanent impairment.

A 47 years old male presented with a history of recurrent diabetic blisters since three years with a asymptomatic tense blister on the lateral malleolus of left leg, he is also a known case of insulin dependent type II Diabetes Mellitus. The case presented here is documented from health care homeopathic clinic Katraj Pune Maharashtra India. He had similar skin lesions on fingers & on the legs in the past. He did not give any history of insect bite, exposure to chemicals, burns or repeated trauma. Patient was treated with individualized Homeopathic medicine over a period of 6 months, and there was significant improvement with complete healing of diabetic blister which had later turned into a diabetic ulcer result is assessed with photographs.

Key Words: Diabetic bullae, Homoeopathy, Arsenicum Album, Constitutional, Remedy.

1. INTRODUCTION:

Skin lesions known as blisters, also known as bullous disorders of the skin, are characterised by a buildup of fluid between the layers of the epidermis and dermis. Sometimes they are big, painless, and have no redness around them. If care is not taken, any blister can readily develop into a secondary infection. Due to poor glycemic management, bullous diabeticorum or Diabetic bullae is a condition that affects diabetic people. It is a situation when a non-inflammatory blister appears on the skin suddenly and resembles a blister brought on by a burn. It typically has a dominance toward the male sex and affects the lower extremities. Complication of Diabetes includes Diabetic ketoacidosis and chronic complications like vascular and non-vascular complications with skin damage leading to ulcer formation and poor healing due to hyperglycemia. Diabetic ulcer is the frequently occurring complication seen in cases of Diabetes mellitus with chronic hyperglycemia. Diabetes causes foot ulcers in 15% of people. Risk factors include deformed feet, peripheral neuropathy, and a higher prevalence of diabetes mellitus in men who have had it for longer than 10 years.

Various types of therapy- 1. In Modern medicine, interventions include: Offloading, Debridement, bandaging wounds, Antibiotics, Revascularization and Amputation. 2. Multidisciplinary management - Endocrinologists, orthopedic surgeons, podiatrists, nutritionists, and skilled nursing are among the specialists who may be consulted. 3. Conservative management:- blister must be kept clean to prevent subsequent infection, abstain from alcohol, smoking, and sugary drinks.

2. CASE REPORT:

A 47 yrs. old male patient came to OPD of Homeopathic Clinic, with complaints of type II Diabetes mellitus with blister on Lt foot, malleolus, with burning and pain, for one month. Initially patient had taken oral antibiotics, analgesics &



ointment, which did not give him any relief. He is known case of Type I Diabetic Mellitus (with uncontrolled hyperglycemia) and hypertension since 8 yrs. The patient was tall and robust with fair complexion. He is having history of diabetic retinopathy because of uncontrolled diabetes. Patient is on Insulin 16 units trice a day and taking Beta blocker drugs for Hypertension. Family history - his brother and sister also having Diabetes Mellitus and Hypertension. Generals: Patient is head strong obstinate in nature. intelligent, Dominating, impatient, restless. With anxiety about illness for one month. He is businessman by profession. He is married and having one child. Appetite was diminished and desire for spicy food and aversion. Thirst for small quantity of water at small interval, and tongue was clean. Sweating more in axilla on exertion and offensive in nature, not staining cloth. His bowel movement was regular character of stool is hard and non-offensive. Patient is thermally chilly

Diagnosis: Bullous Diabeticorum , **Miasmatic Analysis** - Diabetic blister– syco- syphilitic

FIGURE -1 - REPERTORIAL TOTALITY

Remedy	Ars	Sulph	Lyc	Calc	Bell	Merc	Phos	Nux-v	Plb	Cham	Sil	Verat	Ph-ac	Carb-v	Chin	Ign	Nit-ac	Puls	Thuja	Acon	Arn	Carbn-s	Qind
Totality	20	19	17	16	13	13	13	12	12	12	12	12	11	10	10	10	10	10	9	9	9	9	9
Symptoms Covered	7	8	6	6	6	6	5	6	5	4	4	4	6	5	5	5	5	4	6	4	4	4	3
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Kent] [Extremities]ULCERS:Foot:Blisters,from: (2)		3																					
[Kent] [Skin]DRY: (121)	3	3	3	3	3	2	3	1	3	3	3	2	2	2	3	1	2	2	1	2	2	2	3
[Kent] [Face]EXPRESSION:Anxious: (67)	3	2	2	2	2	1		2	2			3		2			1			3		1	
[Phatak] [Phatak A-Z]DIABETES:Mellitus: (22)	1	2	3				3		3				3	2					1				
[Special] [Obesity]STOMACH:Appetite:Ravenous,canine,excessi...	3	3	3	3	1	2	3	3			3	3	2	1	3	2	2	3	2		1	3	3
[Boenning] [Appetite]DESIRE FOR:Cold:Liquids, water, etc.: (59)	4	1		3	2	2	3	1	2	3		4	1		2	3		2	2	3	3		3
[Boenning] [Mind]HEADSTRONG, OBSTINATE, DEFIANT, STUBB...	3	2	3	4	4	3	1	4		4	3		2		1	3	3		1	1	3		
[Kent] [Skin]ULCERS:Burning: (66)	3	3	3	1	1	3		1	2	2	3		1	3	1	1	2	3	2			3	

3. REMEDY DIFFERENTIATION:

Sulphur –chronic cases with profuse discharge of pus, emaciation, heat burning with itching, aversion to washing.

Aconitum napellus- worse in evening, warm room, night swelling with redness, dry hot skin.

Phosphorus- desire for icy cold things, burning in feet, wound bleed profusely.







Cinchona officinalis- weakness debility well marked, skin sensitive to touch, better by hard pressure, scrofulous ulcer .

Lycopodium- right sided, urinary disturbances, 4-8 pm aggravation, intolerance of cold drinks wants everything hot.

Kreosotum- Gangrenous degeneration of ulcer.

Arsenicum album- restlessness, burning pain, thirsty, anxiety health about and dryness of skin . cover totality of symptoms.

TABLE 1- FOLLOW UP CRITERIA:

Details of visit with figure	Complaints and Medicine Prescribed	Details of visit with figure	Complaints & Medicine Prescribed
1 st Visit-  Figure 1 – Diabetic bullae	Severe pain in left foot with swelling and difficulty in walking Treatment- Arsenicum album 30C: 1 dose 4 pills stat dose, followed by Placebo 4 Pills TDS for 7 days	4 th Visit-  Figure 4- slow healing seen	Pain and burning decrease slow healing Treatment- SL given for 15 days, 4 pills BD for 15 days
2 nd Visit –  Figure 2- ulceration seen	Pain & burning in left foot . discharge -Serous , yellowish and offensive. Generalised weakness . Treatment- Arsenicum album 30C: 3 doses, 4 pills OD for 3 days, followed by Sac Lac 4 pills BD for 15 days.	5 th Visit –  Figure 5- scab formation seen with healing	Improvement in condition pain decreases. Treatment – SL 4 pills BD given for 15 days
3 rd Visit –  Figure 3– granulation tissue seen	Complaint of burning and restlessness with weakness Treatment - Arsenicum album 200 C 1stat dose, followed by Sac lac 4 Pills TDS for 15 days	6 th Visit –  Figure 6- complete healing seen	No complaints Treatment – Sac lac given for 15 days

Abbreviation - OD – Once daily, BD- Twice daily, SL – Sac Lac

Remedy Selection (With reasons): - Arsenicum album 30C followed by 200C- Based on totality of symptoms and reportorial result.

Susceptibility of Patient: Medium

Prescription: Arsenicum album 30C , 4 Pills stat dose given . followed by Sac lac 4 Pills TDS for 7 Days.



4. DISCUSSION:

As the prevalence of diabetes in India is increasing rapidly, a growing number of clinical encounters will involve individuals with diabetes. With conservative management and the main aims are to reduce discomfort and minimise the risk of secondary infection & proper counselling of the patient is required. Assessment of the foot is an essential component of clinical examination of the patient with diabetes. Patients with insulin-dependent diabetes have a marked reduced threshold to suction blister development compared to age-matched normal controls therefore the patient should also be monitored closely for glycemia control. The principles of individualization and a constitutional holistic approach are the foundation of homeopathic management. Arsenicum album, a constitutional homeopathic remedy, was chosen as the treatment after rigorous case taking, history recording, and repertorization. Patient demonstrated a marked improvement in both his mental and physical state, demonstrating the accuracy of the medication choice. However, progress was quite modest, therefore the potency was raised from 30 to 200 degrees Celsius, and in this instance, a noticeable improvement was seen.

5. CONCLUSION – in this case a patient of Diabetic bullae is treated on the basis of individualized homeopathic medicine Arsenicum album showing great improvement and total cure. Significant improvement is represented with figures.

In every single case, homeopathy demonstrates a comprehensive approach, complete patient recovery, complete ulcer healing without any recurrence, and documentary proof demonstrating the effectiveness of homeopathy in the treatment of diabetic ulcers, but since this is only one case study and diabetes is characterised by fluctuating and unpredictable remission, further research is necessary to verify the findings.

INFORMED CONSENT- due consent obtained from the patient, patient has given consent for his images and clinical information to be reported in the journal.

CONFLICT OF INTEREST – NIL

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